OREGON OSHA

Batch ID: 422

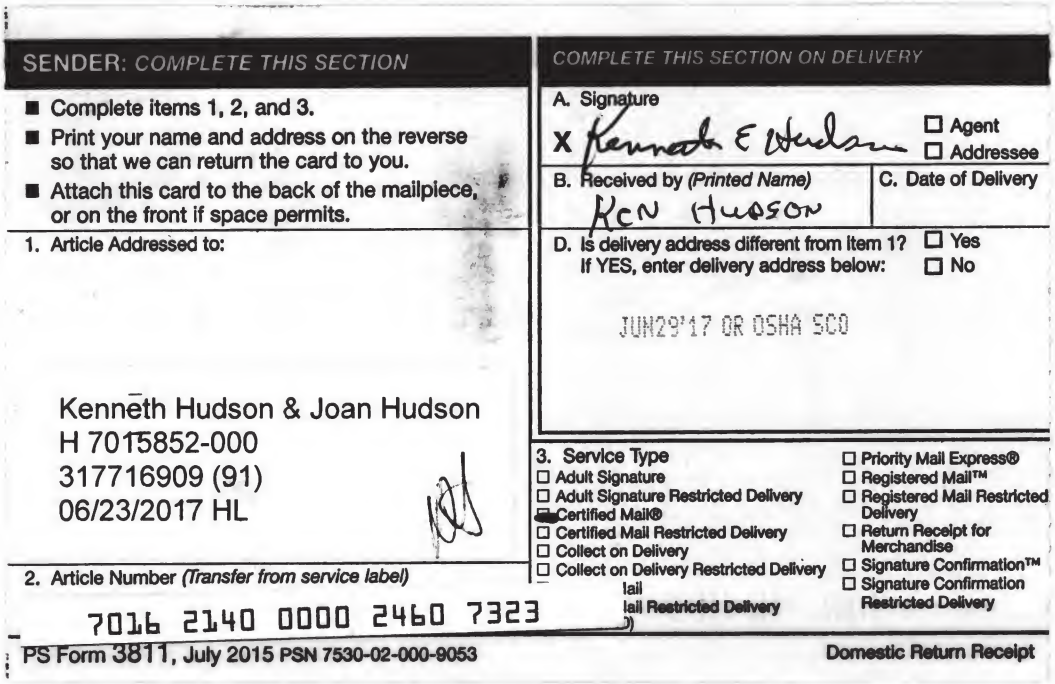
Employer / Loc: 7015852 000 **Seq:** 004

Employer Name: KENNETH HUDSON & JOAN HUDSON

File Type / No: INSPECTION 317716909

No. of Pages:

Comments:



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kenneth Hudson & Joan Hudson
H 7015852-000
317716909 (91)
06/23/2017 HL

2. Article Number *(Transfer from service label)*

7016 2140 0000 2460 7323

PS Form 3811, July 2015 PSN 7530-02-000-9053 — Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Kenneth E Hudson ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* KEN HUDSON

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JUN29'17 OR OSHA SCO

3. Service Type
☐ Adult Signature
☐ Adult Signature Restricted Delivery
☑ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

USPS Tracking® Results

Tracking

Track Another Package +

Tracking Number: 70162140000024607323

Delivered

Updated Delivery Day: Monday, June 26, 2017 ⓘ

Product & Tracking Information

See Available Actio

Postal Product:

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
June 26, 2017, 12:49 pm	Delivered, Left with Individual	THE DALLES, OR 97058

Your item was delivered to an individual at the address at 12:49 pm on June 26, 2017 in THE DALLES, OR 97058

Oregon Department of Consumer and Business Services
Oregon Occupational Safety and Health Division (Oregon OSHA)
16760 SW Upper Boones Ferry Rd, Suite 200
Tigard, OR 97224
Phone: 503-229-5910

LETTER OF CORRECTIVE ACTION

Citation 2 Item 3 The information was not accessible and legible, as specified in 40 CFR 170.135(e) and (f).

Correction Required Date: 07/03/2017 **Date Corrected:** 06-27-17

Describe Correction:

THE INFORMATION IS NOW POSTED IN THE OFFICE THAT IS ACCESSIBLE.

Citation 2 Item 4 The employer did not develop, implement, and maintain an effective written hazard communication program specific to their workplace that included a description of their procedures or methods for meeting the requirements of this Hazard Communication Standard for Agricultural Employers including paragraphs (5) Labels and other forms of warning, (6) Safety data sheets, and (7) Employee information and training.

Correction Required Date: 07/03/2017 **Date Corrected:** 06-27-17

Describe Correction:

A HAZARD COMMUNICATION PLAN HAS BEEN POSTED. THE SAFTY DATA SHEETS HAVE BEEN UPDATED + MADE ALPHABETICAL.

RECEIVED
JUL 06 2017
DCBS/OR-OSHA
Portland Office

Oregon Department of Consumer and Business Services
Oregon Occupational Safety and Health Division (Oregon OSHA)
16760 SW Upper Boones Ferry Rd, Suite 200
Tigard, OR 97224
Phone: 503-229-5910

LETTER OF CORRECTIVE ACTION

Citation 2 Item 5 SDSs (Safety Data Sheets) were not readily accessible to all employees on all shifts and when employees worked at more than one workplace, the SDSs were not kept at the primary workplace.

Correction Required Date: 07/10/2017 **Date Corrected:** 06-27-17

Describe Correction:

OFFICE WAS OPENED & SDSs WERE BETTER LABELED & ORGANIZED.

Oregon Department of Consumer and Business Services
Oregon Occupational Safety and Health Division (Oregon OSHA)
16760 SW Upper Boones Ferry Rd, Suite 200
Tigard, OR 97224
Phone: 503-229-5910

LETTER OF CORRECTIVE ACTION

There are a total of 3 item(s) to be abated.

If you were cited for any safety committee violations, please answer if this contact with Oregon OSHA assisted you in making your safety committee more effective: Yes_____ or No_____

Comments:

I certify that the above violations have been abated/corrected as documented by the date abated and the corrective action taken.

Employer Signature: Ken Hudson Name: KEN HUDSON (Print)

Title: OWNER Phone: 541-478-3409 Date: 06-27-17

Oregon OSHA Reviewer's Signature: [signature] Date: 7/12/17

7/11/17

RECEIVED
JUL 06 2017
DCBS/OR-OSHA
Portland Office

JUL20'17 OR OSHA SCD

Oregon Department of Consumer and Business Services
Oregon Occupational Safety and Health Division (Oregon OSHA)
16760 SW Upper Boones Ferry Rd, Suite 200, Tigard, OR 97224
Phone: 503-229-5910

INVOICE/DEBT COLLECTION NOTICE

REPRINT

Company Name: **Kenneth Hudson & Joan Hudson**
Inspection Site: **1020 Mosier Creek Rd Mosier, OR 97040**
Issuance Date: **06/23/2017**

Summary of Penalties for Inspection Number **317716909**

Citation 1, Serious	**$ 150.00**
Citation 2, Other than Serious	**$ 0.00**
Total Proposed Penalties	**$ 150.00**

PLEASE RETURN COPY OF THIS INVOICE WITH PAYMENT

Oregon Revised Statutes, Chapter 654, the Oregon Safe Employment Act. Subsection 654.086(3) states: "When an order assessing a civil penalty becomes final by operation of law or an appeal, unless the amount of penalty is paid within 20 days after the order becomes final*, it constitutes a judgment and may be filed with the county clerk in any county of this state. The clerk shall thereupon record the name of the person incurring the penalty and the amount of the penalty in the judgment docket. The penalty provided in the order so docketed shall become a lien upon the title to any interest in property owned by the person against whom the order is entered, and execution upon a judgment of a court or record." *(Final order is defined as 30 days after receipt of the citation, unless it is appealed.)

To avoid additional charges, remit the total amount of the uncontested penalties summarized above. Please pay online at http://osha.oregon.gov/rules/enf/Pages/citations.aspx, call 503-947-7891 to pay by credit card over the telephone, or remit payment promptly to the mailing address shown below. Make your check or money order payable to: "Department Of Consumer & Business Services (DCBS)". **Please write Inspection Number 317716909** on the remittance and include a copy of this invoice with your payment.

Mail your payments to: **DCBS**
Fiscal Services Section - Oregon OSHA
PO Box 14610
Salem, OR 97309-0445

Mail
$150.00

070617-017-008-001 0345 0000015000

Employer ID #: 7015852-000
Company Name: Kenneth Hudson & Joan Hudson
Opt Rpt Num: S2025-018-17 Region ID #: 1054191 Fiscal use only 51101 0345

5031771690906232017000015000 3

Oregon Department of Consumer and Business Services
Oregon Occupational Safety and Health Division (Oregon OSHA)
16760 SW Upper Boones Ferry Rd, Suite 200
Tigard, OR 97224
Phone: 503-229-5910

Citation and Notification of Penalty

To:

Kenneth Hudson & Joan Hudson
1020 Mosier Creek Rd
Mosier, OR 97040

Inspection Site:
1020 Mosier Creek Rd
Mosier, OR 97040

Inspection Number: 317716909(91)
Inspection Date(s): 05/11/2017-05/25/2017
Issuance Date: 06/23/2017
Optional Rpt Num: S2025-018-17
Employer ID No: 7015852-000

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated.

In the interest of assuring a safe and healthy workplace, the Oregon Occupational Safety and Health Division (Oregon OSHA) conducted an inspection at a workplace under your control. During this inspection, violations of the Oregon Safe Employment Act and occupational health and/or safety rules were found.

This citation lists the violations and a date by which they must be corrected. If you are not able to correct the violations by the correction date, you must apply for an extension of the correction date by following the instructions outlined later in this citation. Oregon laws require that under certain conditions violations of occupational safety and health rules carry a civil penalty. If penalties have been assessed on this citation, they have been computed in conformity with Oregon Administrative Rules, Chapter 437, Division 1. If you want to appeal this citation, file your request for hearing within 30 calendar days as outlined on the next page. If you choose not to appeal this citation, it becomes a final order 30 calendar days after receiving it. You must abate the violations referred to in this Citation by the dates listed, and pay the proposed penalties.

An effective Safety and Health program not only assures the correction of cited violations, it also requires actions to prevent violations from recurring. Through continued cooperation of employers, employees and Oregon OSHA, a safe and healthful workplace for all Oregon employees can be achieved.

Michael D. Wood, Administrator
Oregon OSHA

COPY

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited has (have) been abated, or for 3 working days (excluding weekends and holidays), whichever is longer.

Penalty PAYMENT - Penalties are due 20 days after the citation becomes final order (which is 30 days after receipt of this citation, unless appealed). Either make your check or money order payable to "Department of Consumer & Business Services (DCBS)", and mail to **DCBS, Fiscal Services Section, PO Box 14610, Salem OR 97309-0445,** or pay online at http://osha.oregon.gov/rules/enf/Pages/citations.aspx. Please include the Inspection Number on the remittance and return a copy of the invoice with payment. Oregon OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if they do not exist.

Employer APPEAL Rights - To appeal a citation, you must clearly state in writing that you are requesting a hearing on the citation and specify the alleged violation(s) contested and the grounds upon which you consider the citation, proposed penalty(ies), or correction period to be unlawful. The request for an appeal must be filed within **30** calendar days of receipt of the citation. You can file an appeal in writing or on-line at osha.oregon.gov/pages/appeals.aspx. An appeal is considered filed on the date of the postmark, if mailed, or on the date of receipt if transmitted by other means. If mailed, the appeal letter should be sent to: **Oregon OSHA, PO Box 14480, Salem OR 97309-0405.**

A request for an informal conference alone is not an appeal of a citation, and any unresolved issues discussed at an informal conference will not be forwarded for appeal unless there is a timely request for hearing filed. **If you do not request a hearing within the required time frame, this citation will become a final order that is not subject to review by any agency or court.**

IMPORTANT NOTE: Appealing a serious violation or the reasonableness of the correction date does not automatically extend the correction date. You may apply for an extension of the correction date through Oregon OSHA or request an expedited hearing on the issue of the correction date with the Workers' Compensation Board Hearings Division (Oregon Revised Statute 654.078(6)).

Letter of Corrective Action - You are required to complete and mail the enclosed Letter of Corrective Action to the appropriate field office on or before the latest correction date on the citation. Please provide a detailed explanation and supporting documentation (if necessary), such as drawings or photographs of corrected violations, purchase or work orders, air sampling results, etc.

EXTENSION of Correction Date - To apply for an extension for correcting a violation, go online to submit a written request to http://osha.oregon.gov/pages/appeals.aspx, or submit a written request to the **office listed on the "Letter of Corrective Action"** and include:

(1) Employer name and address.
(2) The location of the place of employment.
(3) The inspection number and optional report number.
(4) The violation number for which the extension is sought.
(5) The reason for the request.
(6) All available interim steps being taken to safeguard employees against the cited hazard during the requested extended correction period.
(7) The date by which you propose to complete the correction.
(8) A statement that a copy of the request for extension has been posted as required by OAR 437-001-0275(2)(d) and (j) or for at least 10 days, whichever is longer; and, if appropriate, provided to the authorized representative of affected employees; and, certification of the date upon which the posting or service was made.

Your request must be postmarked or received by the Department no later than the correction date of the violation for which the extension is sought.

COPY

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint with the Bureau of Labor & Industries (BOLI) no later than 90 days after the discrimination occurred.

Notice to Employees - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date is unreasonable. The objection letter must be mailed to Oregon OSHA and postmarked within 30 calendar days of the receipt by the employer of this Citation and Notification of Penalty.

Adopting Federal Rules by Reference - Whenever federal rules have been adopted by reference, the federal rule number has been noted in the citation. If information is needed regarding the Oregon standard, contact the Oregon OSHA field office addressed at the top of the first page of this citation.

Posting on the Internet - Federal OSHA publishes information on all inspections and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available not sooner than 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at www.osha.gov. If you have any dispute with the accuracy of the information displayed, please contact this office.

If you would like to discuss this citation, call the Oregon OSHA office in your area:

Portland	503-229-5910	Salem	503-378-3274	Medford	541-776-6030
Eugene	541-686-7562	Bend	541-388-6066		

COPY

Citation and Notification of Penalty

Optional Rpt Num: S2025-018-17

Company Name: Kenneth Hudson & Joan Hudson

Inspection Site: 1020 Mosier Creek Rd, Mosier, OR 97040

Citation 1 Item 1 Type of Violation: **Serious**

40 CFR 170.150(b)(3): The agricultural employer did not provide soap and single-use towels in quantities sufficient to meet workers needs:

a) During the inspection it was determined that the hand washing facility did not have soap that could be used with the water and towels. Pesticides, such as Eraser (Warning) with chlorpyrifos, had been sprayed within the past 30 days.

OR IN THE ALTERNATIVE

OAR 437-004-1110(6)(a): The employer did not provide one handwashing facility for each twenty (20) employees or fraction thereof:

a) During the inspection it was determined that the hand washing facility was incomplete. There was no soap that could be used with the water and towels.

THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.

Proposed Penalty: $150.00

Citation 2 Item 2 Type of Violation: **Other than Serious**

OAR 437-004-1110(5)(a): Employer did not provide potable water that was available immediately to all employees:

a) During the inspection it was determined that the employer did not provide potable drinking water for his employee.

THIS VIOLATION WAS COMPLIED WITH AT THE TIME OF INSPECTION.

Proposed Penalty: $0.00

COPY

Citation and Notification of Penalty

Optional Rpt Num: S2025-018-17

Company Name: Kenneth Hudson & Joan Hudson

Inspection Site: 1020 Mosier Creek Rd, Mosier, OR 97040

Citation 2 Item 3 Type of Violation: **Other than Serious**

40 CFR 170.122(a): The information was not accessible and legible, as specified in 40 CFR 170.135(e) and (f):

a) During the inspection it was determined that application information had not been posted in a central area for employees to review. This information should be placed near to the pesticide safety poster. Eraser (Warning) with chlorpyrifos had been sprayed within the past 30 days.

Date by Which Violation Must be Abated:	07/03/2017
Proposed Penalty:	$0.00

Citation 2 Item 4 Type of Violation: **Other than Serious**

OAR 437-004-9800(4)(a)(B): The employer did not develop, implement, and maintain an effective written hazard communication program specific to their workplace that included a description of their procedures or methods for meeting the requirements of this Hazard Communication Standard for Agricultural Employers including paragraphs (5) Labels and other forms of warning, (6) Safety data sheets, and (7) Employee information and training:

a) During the inspection, a written Hazard Communication Program, with chemical list, could not be found. This program would need to include information on safety data sheets, labeling, hazard training, and other detail, as specified in the requirements. Chemicals that had been on site included, but were not limited to, Eraser (Warning) with chlorpyrifos.

Date by Which Violation Must be Abated:	07/03/2017
Proposed Penalty:	$0.00

Citation 2 Item 5 Type of Violation: **Other than Serious**

OAR 437-004-9800(6)(b): SDSs (Safety Data Sheets) were not readily accessible to all employees on all shifts and when employees worked at more than one workplace, the SDSs were not kept at the primary workplace:

a) During the inspection it was determined that safety data sheets were not easily accessible. They were not in order and were not accessible to workers, if needed. Chemicals used by the orchard included, but were not limited to, Eraser (Warning) with chlorpyrifos.

Date by Which Violation Must be Abated:	07/10/2017
Proposed Penalty:	$0.00

COPY

Citation and Notification of Penalty

Optional Rpt Num: S2025-018-17

Company Name: Kenneth Hudson & Joan Hudson

Inspection Site: 1020 Mosier Creek Rd, Mosier, OR 97040

Total Proposed Penalties: $150.00

COPY

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

OREGON OSHA INSPECTION SUPPLEMENT

1. IMIS no.: 317716909 2. Opt Rpt no.: S2025-018-17 3. Emp no.: 7015852-000

4. Date: 5/11/17 Time on site: 8:27 Time out: 10:58 2.5 Travel time: 1.0
5/25/17 11:30 12:06 .5 phone ct

5. Total inspection time: 3+opt+trav 6. Legal entity: PARTNERSHIP

7. Legal name: Kenneth Hudson & Joan Hudson

8. DBA: MOSIER CREEK ORCHARDS DBA E-mail: Khudsone@aol.com

9. Phone: 541-478-3409 Cell/fax:

10. Site address: 1020 Mosier Creek Rd, Mosier, OR 97040

11. Mailing address: 1020 Mosier Creek Rd, Mosier, OR 97040

N/A

12. Employed in establishment: 2 Covered by inspection: 2 Employed in Oregon: 2 13. Statewide average DART:

14. OSHA 300 Logs:

	year 2014		year 2015		year 2016	
	H	I	H	I	H	I
	0	0	0	0	0	0
Hours worked each year:	14,715		13,290		13,071	
DART rate:	0		0		0	

Formula: H+I x 200,000 / hours worked = DART

15. Type of operation: Orchard 16. SIC: 0175 17. NAICS: 111339

18. Management representatives:

	Title	Opening	Insp.	Closing
Ken Hudson	Owner	☑	☑	☑
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

19. Employee representatives:

	Title			
Interview		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

20. Photos taken: (Yes) No Video: Yes (No) Audio: N/A (# of tapes)

21. Workers' comp. insurance carrier: SAIF Number:

22. Union name/address:

23. Does employer lease any employees? Yes No Leasing co. name: Seasonal

24. Citation copies:

COMPLIANCE OFFICER: Lori Cohen Date: 6/8/17
Print name

Oregon Department of Consumer & Business Services

OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION

Location Detail Report for Scheduling Year 2016

Employer Name: KENNETH HUDSON & JOAN HUDSON
Employer Number: 7015852

Questions?
Contact
Tracy Brown
(503) 947-7424

Oregon OSHA - ENFORCEMENT 03/02/17 12:07 PM

INSPECTION SCHEDULING DATA

SAFETY **Location Num.** 0
List: F **Rank:** 2,080 **Run:** 2
Status: PENDING
Assigned Date:
Assigned to:
Field Office: Bend

HEALTH
List: C **Rank:** 85,975 **Run:** 2
Status: PENDING
Assigned Date:
Assigned to:
Field Office: Bend

SAFETY **Location Num.** 1
List: F **Rank:** 99,999 **Run:** 2
Status: DATA ERR
Assigned Date:
Assigned to:
Field Office: Bend

HEALTH
List: C **Rank:** 99,999 **Run:** 2
Status: DATA ERR
Assigned Date:
Assigned to:
Field Office:

SAFETY **Location Num.** 2
List: F **Rank:** 99,999 **Run:** 2
Status: DATA ERR
Assigned Date:
Assigned to:
Field Office: Bend

HEALTH
List: C **Rank:** 99,999 **Run:** 2
Status: DATA ERR
Assigned Date:
Assigned to:
Field Office:

EMPHASIS SCHEDULING DATA

Loc No	List	Rank	Status	Assign Dt	Assigned To	Field Office	Category
	Pesticides	128	PENDING			Bend	H

EMPLOYER / LOCATION INFORMATION

Employer Number: 7015852 **Self Insured:** **Location Number:**
Legal Name: KENNETH HUDSON & JOAN HUDSON
JOAN HUDSON
Entity Type: PARTNERSHIP

EMPLOYER / LOCATION INFORMATION ... continued

KENNETH E HUDSON & JOAN M HUDSON
KENNETH HUDSON
KENNETH HUDSON & JOAN HUDSON
KENNETH HUDSON, JOAN HUDSON
MOSIER CREEK ORCHARDS
MOSIER CREEK ORCHARDS DBA

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040
Location No 0

Location Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040
County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS
PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS
Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040
Location No 1

Location Address: 1025 MOSIER CREEK RD
CAMP 1
MOSIER, OR 97040
County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS
PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS
Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040
Location No 2

Location Address: 1020 MOSIER CREEK RD
CAMP 2
MOSIER, OR 97040
County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS
PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS
Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Mailing Address: 1020 MOSIER CREEK RD
MOSIER, OR 97040

Location No 3

Location Address: 985 GIBBONS RD
FARM LABOR CAMP
MOSIER, OR 97040

County: WASCO

PPB SIC: 0175 DECIDUOUS TREE FRUITS
PPB NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

Location SIC: 0175 DECIDUOUS TREE FRUITS
Location NAICS: 111339 OTHER NONCITRUS FRUIT FARMING

INSPECTION HISTORY

Location Number	Inspection Number	Report Number	Date of Inspection	Type of Inspection	Scope of Inspection	Category	Inspector
1	303355929	000-00	08/24/2000	Programmed	No Inspection	Safety	Q6922 TYLER
1	304225790	076-01	06/20/2001	Programmed	Comprehensive	Safety	Q6922 TYLER
1	308458322	064-05	06/29/2005	Programmed	Comprehensive	Safety	B7274 GOLIK
1	311708705	090-08	07/08/2008	Programmed	Comprehensive	Safety	G4243 CORNEJO
1	312718364	078-09	06/24/2009	Programmed	Comprehensive	Safety	Q6922 TYLER
1	317712855	055-16	06/13/2016	Programmed	Comprehensive	Safety	H0545 PINTO
2	105337505	024-89	06/20/1989	Programmed	Comprehensive	Health	V3213 COMSTOCK
2	303355911	000-00	08/24/2000	Programmed	No Inspection	Safety	Q6922 TYLER
2	304225808	077-01	06/20/2001	Programmed	Comprehensive	Safety	Q6922 TYLER
2	312718372	079-09	06/24/2009	Programmed	Comprehensive	Safety	Q6922 TYLER
2	316429273	000-12	08/09/2012	Programmed	No Inspection	Safety	H0545 PINTO
2	317700888	071-14	07/11/2014	Programmed	Comprehensive	Safety	H0545 PINTO
2	317713721	000-16	08/18/2016	Programmed	No Inspection	Safety	H8175 KETCHUM
3	105337513	025-89	06/20/1989	Programmed	Comprehensive	Health	V3213 COMSTOCK

VIOLATION HISTORY

Location Number	Inspection Number	Report Number	Rule Number	Date Issued	Type of Violation	Result of Contest

VIOLATION HISTORY ...continued

Location Number	Inspection Number	Report Number	Rule Number	Date Issued	Type of Violation	Result of Contest
1	317712855	055-16	437-004-1120(16)(i)	09/14/2016	Other than Serious	UPHELD
1	317712855	055-16	437-004-1120(8)(b)	09/14/2016	Other than Serious	
1	317712855	055-16	437-004-2860(6)	09/14/2016	Other than Serious	
1	317712855	055-16	437-004-2880(1)	09/14/2016	Serious	AMENDED
1	317712855	055-16	437-004-2880(3)	09/14/2016	Serious	AMENDED
1	317712855	055-16	437-004-2950(5)	09/14/2016	Other than Serious	UPHELD
1	312718364	078-09	437-004-1120(16)(p)	07/15/2009	Other than Serious	
1	312718364	078-09	437-004-1120(18)(g)	07/15/2009	Other than Serious	
1	312718364	078-09	437-004-1120(7)(e)	07/15/2009	Other than Serious	
1	312718364	078-09	437-004-1305(2)(a)	07/15/2009	Other than Serious	
1	311708705	090-08	437-004-1120(16)(e)	08/04/2008	Other than Serious	UPHELD
1	311708705	090-08	437-004-1120(18)(a)(D)	08/04/2008	Other than Serious	UPHELD
1	311708705	090-08	437-004-1120(6)(e)	08/04/2008	Other than Serious	UPHELD
1	311708705	090-08	437-004-1120(6)(m)	08/04/2008	Other than Serious	UPHELD
1	311708705	090-08	437-004-2810(2)	08/04/2008	Serious	UPHELD
1	311708705	090-08	437-004-2900(1)	08/04/2008	Serious	NO ACTION
2	317700888	071-14	437-004-1120(10)(a)	07/25/2014	Other than Serious	
2	317700888	071-14	437-004-1120(16)(e)	07/25/2014	Other than Serious	
2	317700888	071-14	437-004-1120(6)(e)	07/25/2014	Serious	
2	317700888	071-14	437-004-1120(9)(b)	07/25/2014	Other than Serious	
2	312718372	079-09	437-004-1120(11)(a)	07/15/2009	Other than Serious	
2	312718372	079-09	437-004-1305(2)(a)	07/15/2009	Other than Serious	
3	105337513	025-89		07/28/1989	Other than Serious	

CLAIMS SUMMARY (last three years)

There were no claim records found for this report.

SAFETY HISTORY NOTES

Year	Run	Loc No	Rank	Status	Notes
2016	2	0	2080	PENDING	
2016	2	1	99999	DATA ERR	
2016	2	2	99999	DATA ERR	
2016	1	0	1349	PENDING	
2016	1	1	99999	DATA ERR	
2016	1	2	99999	DATA ERR	
2015	1	0	164	COMPLETE	
2015	1	1	99999	DATA ERR	
2015	1	2	99999	DATA ERR	
2014	1	0	764	PENDING	
2014	1	1	99999	DATA ERR	
2014	1	2	99999	DATA ERR	
2013	1	0	1461	PENDING	
2013	1	1	99999	DATA ERR	
2013	1	2	99999	DATA ERR	
2012	1	0	1663	PENDING	
2012	1	1	99999	DATA ERR	
2012	1	2	99999	DATA ERR	
2011	1	0	1529	PENDING	

SAFETY HISTORY NOTES ...continued

Year	Run	Loc No	Rank	Status	Notes
2011	1	1	99999	DATA ERR	
2011	1	2	99999	DATA ERR	
2010	2	0	3417	PENDING	
2010	2	1	99999	DATA ERR	
2010	2	2	99999	DATA ERR	
2010	1	0	10207	PENDING	
2010	1	1	99999	DATA ERR	
2010	1	2	99999	DATA ERR	
2009	2	0	18495	PENDING	
2009	2	1	99999	DATA ERR	Data Err set automatically because location has received a comprehensive safety inspection within the previous 36 months or location has received two consecutive comprehensive safety inspections with no serious, willful, or egregious violations, and with no inspections of any type resulting in serious, willful, or egregious violations since the date of the first of the two consecutive comprehensive inspections.
2009	2	2	99999	DATA ERR	Data Err set automatically because location has received a comprehensive safety inspection within the previous 36 months or location has received two consecutive comprehensive safety inspections with no serious, willful, or egregious violations, and with no inspections of any type resulting in serious, willful, or egregious violations since the date of the first of the two consecutive comprehensive inspections.
2009	1	0	19880	PENDING	

HEALTH HISTORY NOTES

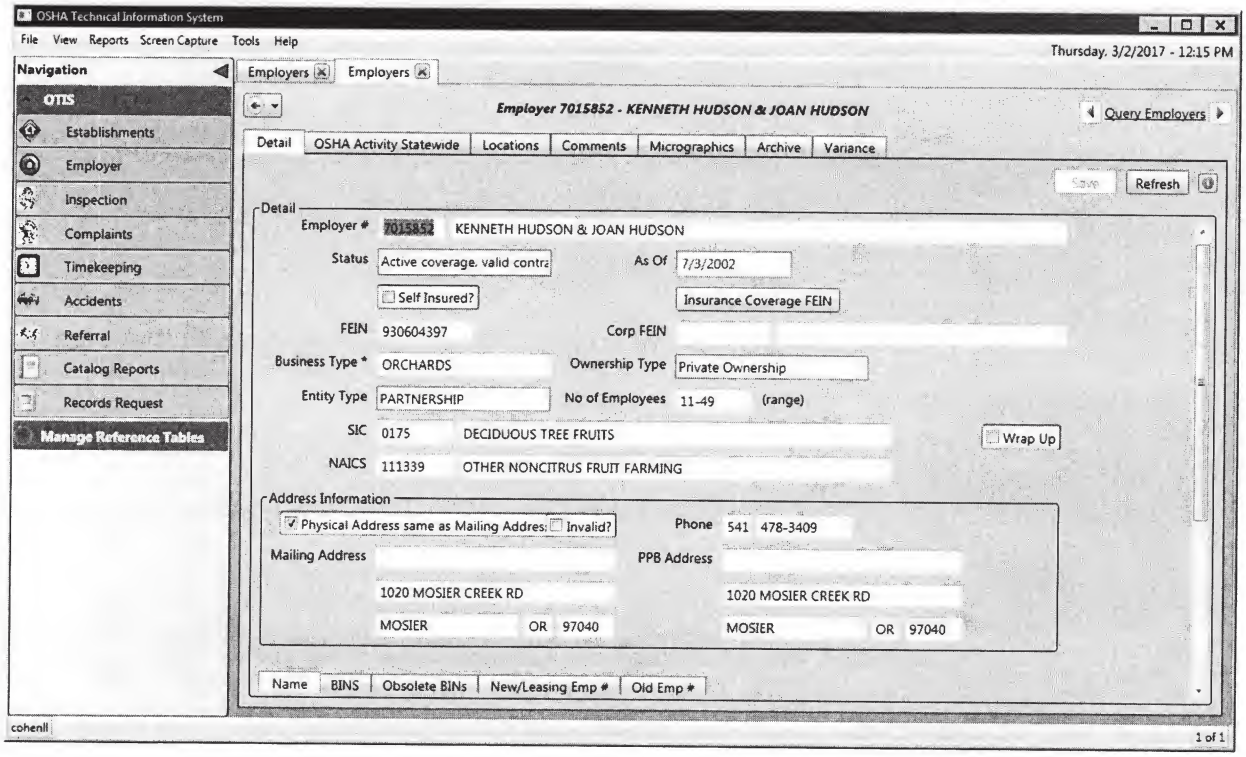
Year	Run	Loc No	Rank	Status	Notes
2016	2	0	85975	PENDING	
2016	2	1	99999	DATA ERR	
2016	2	2	99999	DATA ERR	
2016	1	0	18371	PENDING	

HEALTH HISTORY NOTES ...continued

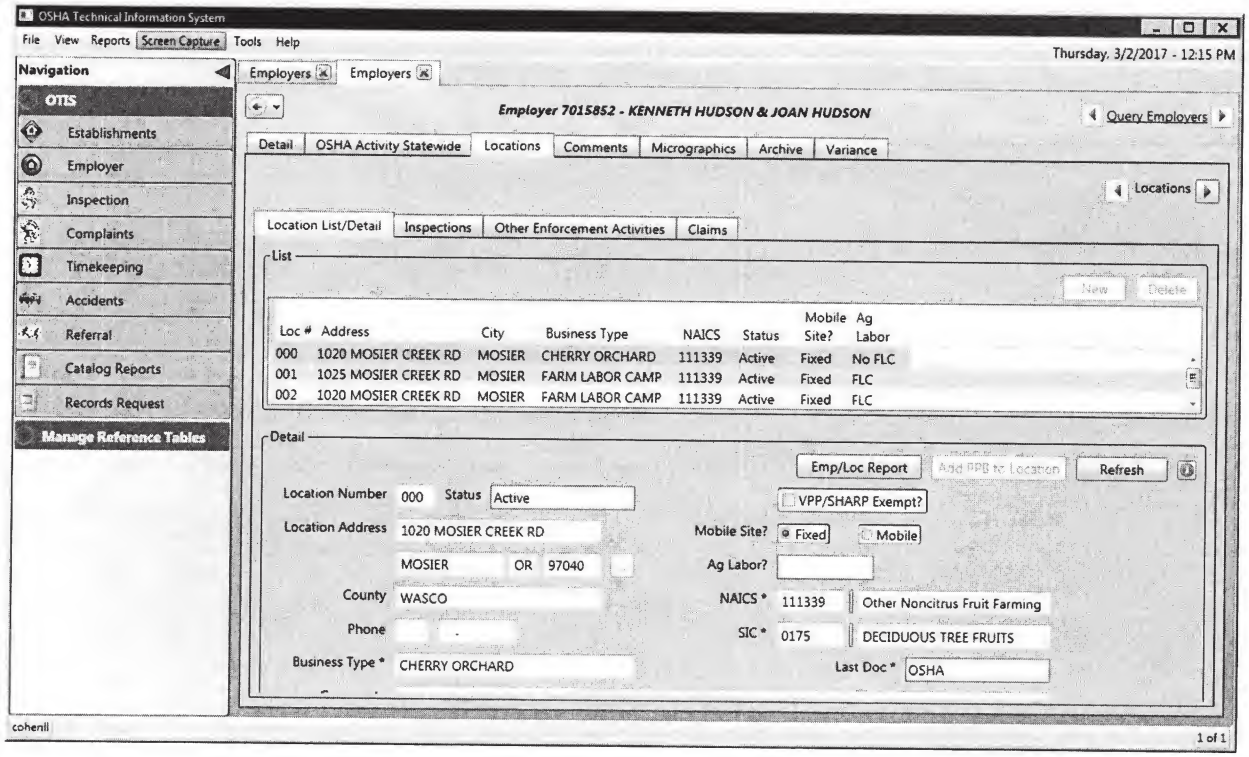
Year	Run	Loc No	Rank	Status	Notes
2016	1	1	99999	DATA ERR	
2016	1	2	99999	DATA ERR	
2015	1	1	99999	DATA ERR	
2015	1	2	99999	DATA ERR	
2014	1	0	58209	PENDING	
2014	1	1	99999	DATA ERR	
2014	1	2	99999	DATA ERR	
2013	1	0	1715	PENDING	
2013	1	1	99999	DATA ERR	
2013	1	2	99999	DATA ERR	
2012	1	0	11949	PENDING	
2012	1	1	99999	DATA ERR	
2012	1	2	99999	DATA ERR	
2011	1	2	31314	PENDING	
					02/13/2012 - changed field office, IMD per request from Trena VanDeHey.
2011	1	1	39387	PENDING	
					02/13/2012 - changed field office, IMD per request from Trena VanDeHey.
2011	1	0	73287	PENDING	
					02/13/2012 - changed field office, IMD per request from Trena VanDeHey.
2010	1	2	35178	PENDING	
2010	1	1	55768	PENDING	
2010	1	0	70346	PENDING	

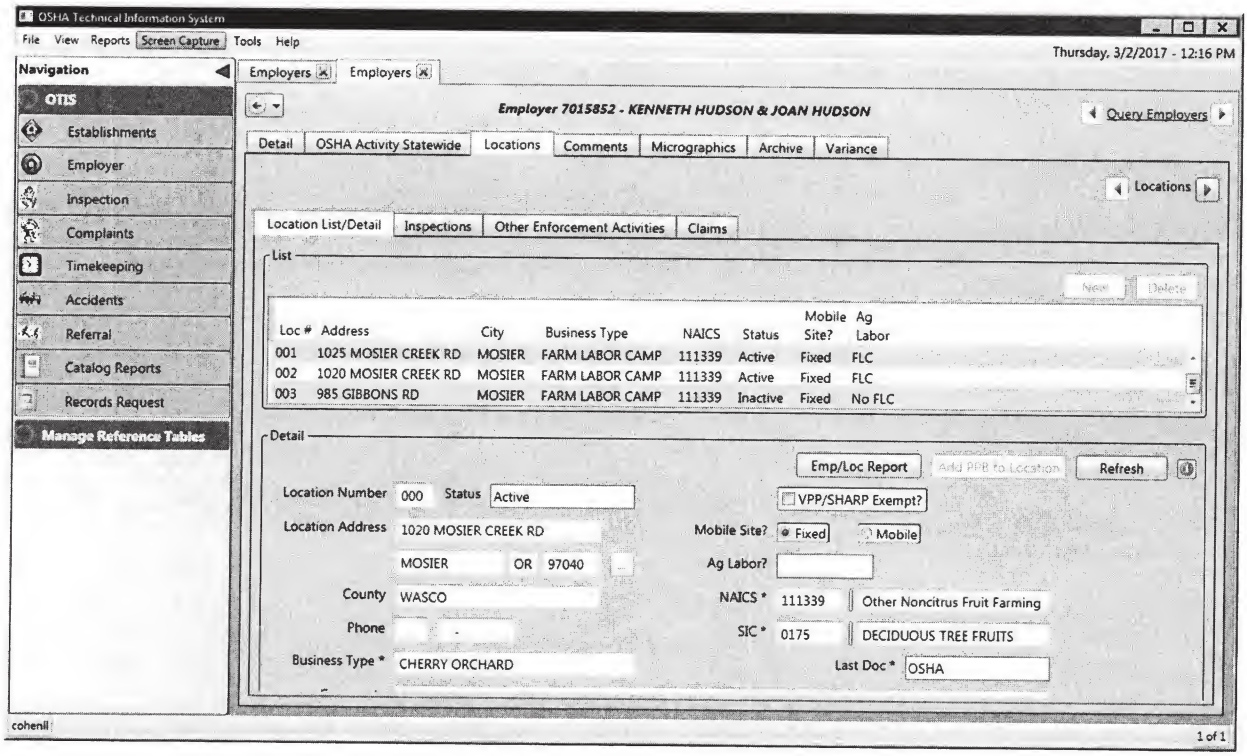
HEALTH HISTORY NOTES ...continued

Year	Run	Loc No	Rank	Status	Notes
2009	1	1	19360	PENDING	
2009	1	0	62493	PENDING	
2009	1	2	74882	PENDING	



Khudsone@aol.com


OSHA Technical Information System
File View Reports Screen Capture Tools Help
Thursday, 3/2/2017 - 12:15 PM
Navigation
OTIS
Establishments
Employer
Inspection
Complaints
Timekeeping
Accidents
Referral
Catalog Reports
Records Request
Manage Reference Tables
Employers
Employer 7015852 - KENNETH HUDSON & JOAN HUDSON
Query Employers
Detail
OSHA Activity Statewide
Locations
Comments
Micrographics
Archive
Variance
Location List/Detail
Inspections
Other Enforcement Activities
Claims
List
New
Delete
Loc # Address City Business Type NAICS Status Mobile Site? Ag Labor
000 1020 MOSIER CREEK RD MOSIER CHERRY ORCHARD 111339 Active Fixed No FLC
001 1025 MOSIER CREEK RD MOSIER FARM LABOR CAMP 111339 Active Fixed FLC
002 1020 MOSIER CREEK RD MOSIER FARM LABOR CAMP 111339 Active Fixed FLC
Detail
Emp/Loc Report
Add PPB to Location
Refresh
Location Number 000 Status Active
VPP/SHARP Exempt?
Location Address 1020 MOSIER CREEK RD
Mobile Site? Fixed Mobile
MOSIER OR 97040
Ag Labor?
County WASCO
NAICS * 111339 Other Noncitrus Fruit Farming
Phone
SIC * 0175 DECIDUOUS TREE FRUITS
Business Type * CHERRY ORCHARD
Last Doc * OSHA
cohenll
1 of 1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001 1025 MOSIER CREEK RD MOSIER FARM LABOR CAMP 111339 Active Fixed FLC
002 1020 MOSIER CREEK RD MOSIER FARM LABOR CAMP 111339 Active Fixed FLC
003 985 GIBBONS RD MOSIER FARM LABOR CAMP 111339 Inactive Fixed No FLC
Detail
Emp/Loc Report
Add PPB to Location
Refresh
Location Number 000 Status Active
VPP/SHARP Exempt?
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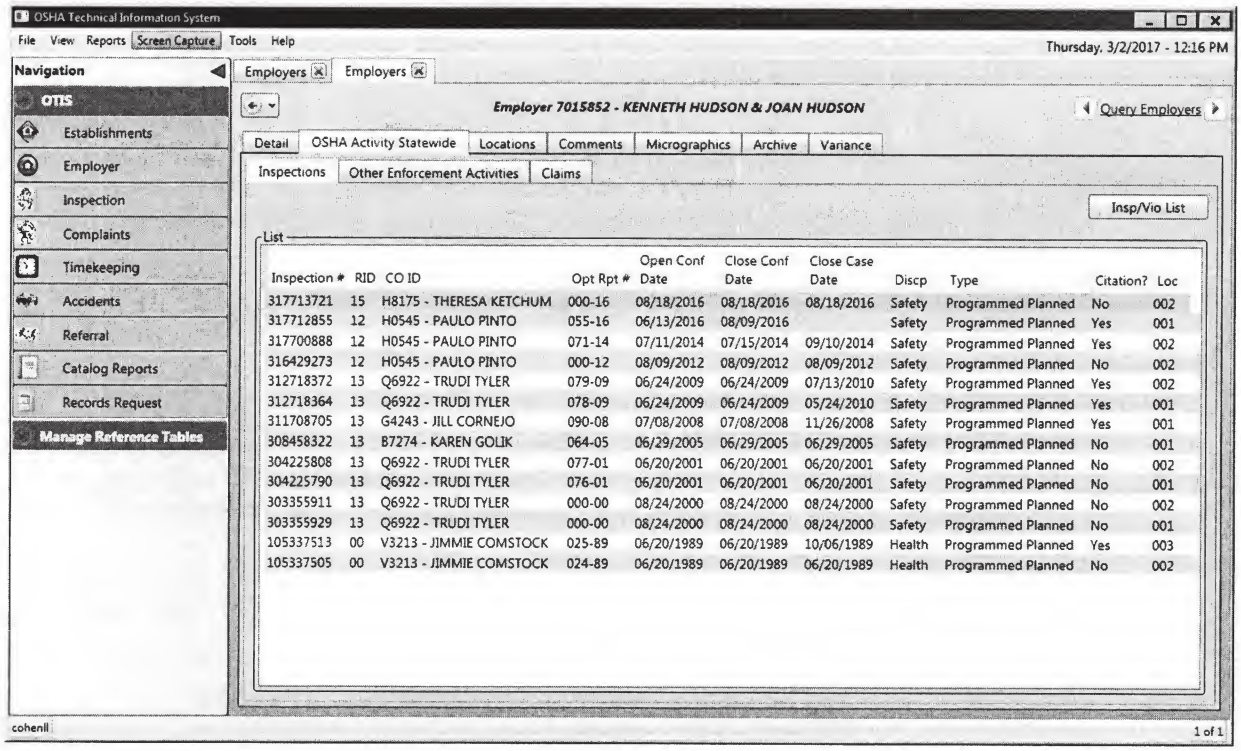
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Micrographics
Archive
Variance
Inspections
Other Enforcement Activities
Claims
Insp/Vio List
List
Inspection # RID CO ID Opt Rpt # Open Conf Date Close Conf Date Close Case Date Discp Type Citation? Loc
317713721 15 H8175 - THERESA KETCHUM 000-16 08/18/2016 08/18/2016 08/18/2016 Safety Programmed Planned No 002
317712855 12 H0545 - PAULO PINTO 055-16 06/13/2016 08/09/2016 Safety Programmed Planned Yes 001
317700888 12 H0545 - PAULO PINTO 071-14 07/11/2014 07/15/2014 09/10/2014 Safety Programmed Planned Yes 002
316429273 12 H0545 - PAULO PINTO 000-12 08/09/2012 08/09/2012 08/09/2012 Safety Programmed Planned No 002
312718372 13 Q6922 - TRUDI TYLER 079-09 06/24/2009 06/24/2009 07/13/2010 Safety Programmed Planned Yes 002
312718364 13 Q6922 - TRUDI TYLER 078-09 06/24/2009 06/24/2009 05/24/2010 Safety Programmed Planned Yes 001
311708705 13 G4243 - JILL CORNEJO 090-08 07/08/2008 07/08/2008 11/26/2008 Safety Programmed Planned Yes 001
308458322 13 B7274 - KAREN GOLIK 064-05 06/29/2005 06/29/2005 06/29/2005 Safety Programmed Planned No 001
304225808 13 Q6922 - TRUDI TYLER 077-01 06/20/2001 06/20/2001 06/20/2001 Safety Programmed Planned No 002
304225790 13 Q6922 - TRUDI TYLER 076-01 06/20/2001 06/20/2001 06/20/2001 Safety Programmed Planned No 001
303355911 13 Q6922 - TRUDI TYLER 000-00 08/24/2000 08/24/2000 08/24/2000 Safety Programmed Planned No 002
303355929 13 Q6922 - TRUDI TYLER 000-00 08/24/2000 08/24/2000 08/24/2000 Safety Programmed Planned No 001
105337513 00 V3213 - JIMMIE COMSTOCK 025-89 06/20/1989 06/20/1989 10/06/1989 Health Programmed Planned Yes 003
105337505 00 V3213 - JIMMIE COMSTOCK 024-89 06/20/1989 06/20/1989 06/20/1989 Health Programmed Planned No 002
cohenll
1 of 1

Oregon Department of Consumer & Business Services

OR-OSHA DIVISION
INDEX OF VIOLATIONS: SEVERITY, PROBABILITY & DOCUMENTATION

For Inpection Number 317716909

Questions?
Contact
Andrew Gawne
(503) 947-7192

Oregon OSHA - ENFORCEMENT **06/19/17 01:24 PM**

Establishment Kenneth Hudson & Joan Hudson **Optional Report** S2025 - 018-17

AVD Item No	01 - 001	**Violation Type #**	Serious	**Final Penalty**	150.00	**Days to Correct**	0	**Sign C/W Pg #**	5

Rule No	40 CFR 170.150(b)(3): The agricultural employer did not provide soap and single-use towels in quantities sufficient to meet workers needs:
Variable Language	a) During the inspection, it was determined that the hand washing facility did not have soap that could be used with the water and towels. Pesticides, such as Eraser (Warning) with chlorpyrifos had been sprayed within the past 30 days.
Employer Knowledge Pg	5, 19
Violation Pg #	5, 19
Probability & Justification	Low: One employee
Severity	Serious: Bacteriological and pesticide residue illness

AVD Item No	02 - 002	**Violation Type #**	Other than Serious	**Final Penalty**	0.00	**Days to Correct**	0	**Sign C/W Pg #**	11B

Rule No	OAR 437-004-1110(5)(a): Employer did not provide potable water that was available immediately to all employees:
Variable Language	a) During the inspection, it was determined that the employer did not provide potable drinking water for his employee.
Employer Knowledge Pg	5
Violation Pg #	5
Probability & Justification	Low: Brought his own. Had a gator to move around in to get to places easily.
Severity	OTS:Thirst; heat

AVD Item No	02 - 003	**Violation Type #**	Other than Serious	**Final Penalty**	0.00	**Days to Correct**	7	**Sign C/W Pg #**	

Rule No	40 CFR 170.122(a): The information was not accessible and legible, as specified in 40 CFR 170.135(e) and (f):
Variable Language	a) During the inspection, it was determined that application information had not been posted in a central area for employees to review. This information should be placed near to the pesticide safety poster. Eraser (Warning) with chlorpyrifos had been sprayed within the past 30 days.
Employer Knowledge Pg	7, 15, 22
Violation Pg #	8, 9, 22
Probability & Justification	Low: Employees still warned.
Severity	OTS:Irritation

Establishment Kenneth Hudson & Joan Hudson **Optional Report** S2025 - 018-17

AVD Item No 02 - 004 **Violation Type #** Other than Serious **Final Penalty** 0.00 **Days to Correct** 7 **Sign C/W Pg #**	
Rule No	OAR 437-004-9800(4)(a)(B): The employer did not develop, implement, and maintain an effective written hazard communication program specific to their workplace that included a description of their procedures or methods for meeting the requirements of this Hazard Communication Standard for Agricultural Employers including paragraphs (5) Labels and other forms of warning, (6) Safety data sheets, and (7) Employee information and training:
Variable Language	a) During the inspection, a written Hazard Communication Program, with chemical list, could not be found. This program would need to include information on safety data sheets, labeling, hazard training, and other detail, as specified in the requirements. Chemicals that had been on site included, but were not limited to, Eraser (Warning) with chlorpyrifos.
Employer Knowledge Pg	3, 15
Violation Pg #	3
Probability & Justification	Low: Provided training; little exposure to chemicals
Severity	OTS:Irritation

AVD Item No 02 - 005 **Violation Type #** Other than Serious **Final Penalty** 0.00 **Days to Correct** 14 **Sign C/W Pg #**	
Rule No	OAR 437-004-9800(6)(b): SDSs (Safety Data Sheets) were not readily accessible to all employees on all shifts and when employees worked at more than one workplace, the SDSs were not kept at the primary workplace:
Variable Language	a) During the inspection, it was determined that safety data sheets were not easily accessible. They were not in order and were not accessible to workers, if needed. Chemicals used by the orchard included, but were not limited to, Eraser (Warning) with chlorpyrifos.
Employer Knowledge Pg	3, 15
Violation Pg #	3
Probability & Justification	Low: Very little exposure to field workers. No employee handlers.
Severity	OTS:Irritation

Oregon
Kate Brown, Governor

Department of Consumer and Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)
350 Winter Street NE, Room 430
PO Box 14480
Salem, OR 97309-0405
Phone: 503-378-3272
Toll Free: 1-800-922-2689
Fax: 503-947-7461
www.orosha.org

Kenneth Hudson & Joan Hudson
1020 Mosier Creek Rd
Mosier, OR 97040

Inspection Number: 317716909(91)
Optional Report Number: S2025-018-17
Employer Number: 7015852-000
Inspection Date(s): 05/11/2017-05/25/2017

The Oregon Occupational Safety and Health Division (OR-OSHA) conducted an inspection of your workplace located at 1020 Mosier Creek Rd, Mosier, OR 97040. The inspection was to determine if safety or health hazards were present which could cause injury or illness to your employees. Violations of safety and/or health rules were found during this inspection and the citation is enclosed.

In addition, the OR-OSHA representative noted certain conditions which are listed in the following page, which could cause injuries and/or illnesses. Although it is not mandatory to correct them at this time, if the work process, operation, exposure, etc., changes, these conditions could be cited as violations during future inspections. By initiating corrective measures, you could reduce the high cost of human suffering associated with work-related injuries and illnesses.

There may be other hazards present which were not apparent at the time of the inspection. If you need assistance in identifying and/or eliminating health or safety hazards consultative and training services are available to you at no cost through OR-OSHA by calling (503) 378-3272.

Your continuing effort to identify and eliminate work-related hazards is appreciated.

P Wolf-McC

Penny Wolf-McCormick
OR-OSHA Portland Field Office
16760 SW Upper Boones Ferry Rd, Suite 200
Tigard, OR 97224
503-229-5910
penny.l.wolf-mccormick@oregon.gov

NOTICE

Employer Name: Kenneth Hudson & Joan Hudson
Employer ID No: 7015852-000
Inspection Number: 317716909(91)
Optional Rpt Num: S2025-018-17

THE FOLLOWING IS A LIST OF CONDITIONS WHICH COULD CAUSE WORK-RELATED INJURIES OR ILLNESSES TO EMPLOYEES. ALTHOUGH NOT MANDATORY AT THIS TIME THE OREGON OCCUPATIONAL SAFETY AND HEALTH DIVISION ENCOURAGES YOU TO INITIATE CORRECTIVE MEASURES FOR THESE PROBLEM AREAS IN THE INTEREST OF REDUCING THE HIGH COST AND HUMAN SUFFERING ASSOCIATED WITH WORK-RELATED INJURIES AND ILLNESSES.

Item 02

ITEM 01-02: Hazard Communication: Safety Data Sheets (SDSs)

(437-004-9800)

During the recent inspection, it was determined that there were safety data sheets, but that they were not easily accessible. First, they were not in an area where any worker could look at them. Secondly, they could not easily be found within the books that existed. You had mentioned that you would be opening the house for easy entry, and where you will be posting application information. That will be a good place for your SDS book. It is also strongly recommended that you put them in alphabetical order and then highlight the names of the chemical product. By doing so, the SDS can be found very easily, which is particularly important in an emergency.

In addition, some of the SDSs did not look like they were up-to-date. The newer versions follow a set format, whereby various topics, e.g., spill clean-up, can be found in the same section, no matter which chemical. The new SDSs could also have more current health information. As an employer, you are required to maintain your SDS book.

ITEM 02-02: Medical/First Aid

(437-004-1305)

It was discovered that you had been certified for First Aid/CPR a while back, but were not up-to-date. The closest hospital/clinic is in Hood River; that is quite a distance. It is strongly recommended that due to that distance and the traveling through the orchard, at least one individual, preferably two (father and son, maybe) become recertified.

S 317716909 - Hudson

(02 HAZARD) (code related) WORKSHEET

Employer Name: Kenneth Hudson & Joan Hudson
Report No: S2025-018-17

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(437-004-9800)

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INSPECTION NARRATIVE

Date of Inspection: May 11, 2017

Legal Name: Kenneth Hudson & Joan Hudson

dba Mosier Creek Orchards **Optional Report No:** S2025-018-17

Purpose: Planned - This inspection was conducted as a result of the Pesticide Emphasis Program list. There were no permanent employees. Even so, this small agricultural employer was not exempt from a programmed inspection, because he had not completed four hours of annual instruction on agricultural safety and health, and there had been no comprehensive consultation in the past four years.

Background Information:
Mosier Creek Orchards grows cherries. Ken Hudson, partner, accompanied me on this inspection and was very cooperative.

Pesticides, such as Eraser (warning) with chlorpyrifos had been sprayed within the past 30 days. The Worker Protection Standard, therefore, applied to this inspection.

Inspection Activities/Observations:
I conducted a walk-around of decontamination supplies, pesticide storage, and central posting; interviewed a field worker (no employee handlers); and requested programs.

Summary/Conclusions:
A citation was issues for the following violations:

1. Missing decon/field san supplies: The employer did not maintain soap supplies
   EK: The employer had toilets and hand washing facilities in the field, with others waiting for harvest near his house. The set-ups normally included water, sanitizing soap, towels, and a drinking spigot.

2. Drinking water: The employer did not provide drinking water for the employee
   EK: The employer normally provided water for employees who were harvesting. He knew the employee, who was pruning at the time, took care of his own water.

3. Central posting: Application information was not kept up-to-date
   EK: There was an application display with most of the necessary information. It was not up-to-date.

4. HAZCOM: There was no program with chemical list on site.
   EK: The employer knew they used pesticides, fertilizers, and other chemicals.

5. SDSs: There was a book (EK), but specific SDSs could not be found easily for the chemicals that were used (EK).

A hazard letter was written to address First Aid/CPR and the SDS book.

DEPARTMENT OF CONSUMER & BUSINESS SERVICES

OREGON OSHA OPENING/CLOSING CONFERENCE

EMPLOYER NAME Kenneth Hudson & Joan Hudson **Opt Rpt No.** S2025-018-17

OPENING CONFERENCE **Full** ✓ *Abbreviated _____ Date full opening conducted _____

✓ 1. *Introduction/credentials _____
✓ 2. *Employer rep Lew Hudson Employee rep _____
✓ 3. *Explain purpose, nature, and scope of inspection (include expansion of serious) _____
NO 4. Loc under Oregon OSHA consultation (7 days prior to 60/30 days after)? Yes _____ No _____
N/A 5. Loc NAICS code? _____ Scheduled NAICS code _____
N/A 6. Loc MOD rate ≤ 0.50 or less (must have written proof): Yes/rate _____ OHSAS? _____
✓ 7. Sampling _____ Photos ✓ Video _____ Audio _____
✓ 8. Trade secrets? _____
✓ 9. Employee interviews (in private) discrimination prohibited 35
✓ 10. Violations OTS/S/D Reductions (size, history, good faith, immediate) _____
✓ 11. Closing conference at end of inspection _____
✓ 12. Records review (min. OSHA 300/300A, 801s) _____
N/A 13. PPE required by employer for inspection _____

* Indicates minimum requirement for an abbreviated opening

CLOSING CONFERENCE On site _____ Via phone _____ Letter _____ Closing date _____

Employer rep. _____ Employee rep. _____

✓ 1. Employer right to present pertinent information re: violations (included in the report) _____
✓ 2. Describe alleged violations (identify probability and severity) _____
✓ 3. Penalties assessed _____ Repeat violations (2X, 5X, 10X, 15X, 20X)
✓ 4. Abatement time for each violation (immediate; 7, 14, 21, or 28 days) _____
✓ 5. Hazard letters _____
✓ 6. Citations issued from Salem via certified mail. Abatement time starts upon receipt _____
✓ 7. Letter of Corrective Action. Due date. Follow-up inspection _____
✓ 8. Failure to abate violations may result in daily penalties _____
✓ 9. Employer must post citation (3 days or until abated) where employees can view it _____
✓ 10. Employer can appeal violation/penalty/abatement time. Employees can appeal abatement time _____
✓ 11. Citation becomes final order if not appealed within 30 days of receipt _____
✓ 12. Appeal in writing (appealed items stayed if OTS; serious must be abated) _____
✓ 13. Informal conference at field office or by phone. Formal hearing _____
✓ 14. Abatement assistance is available through CO _____
✓ 15. Abatement extension available _____
✓ 16. Referrals? _____ To whom? _____
✓ 17. Variance _____
✓ 18. Employees protected from discrimination (BOLI)
✓ 19. Oregon OSHA consultation available and their workers' comp. carrier required to provide _____
✓ 20. Work-related in-patient hospitalization, loss of an eye, and amputation or avulsion that results in bone or cartilage loss requires notification within 24 hours _____
✓ 21. Work-related fatality or catastrophe requires notification within 8 hours _____

Oregon Occupational Safety and H

Compliance Officer Information Request F

S2025-018-17

We need the records below to be available for review during the inspection. If sent in the mail or copied, the records will become part of the file.
If you have questions, call the compliance officer at: _____

Date: 5/11/17 Report number: S2025-018-17 Employer: Hudson

Injury and Illness Records
- ☐ OSHA 300 Log/300A form: Past 3 years
- ☐ 801s
- ☐ Hours worked
- ☐ Exempt by NAICS/size

Safety Committee/meetings
- ☐ Minutes

Personal Protective Equipment
- ☐ Hazard assessment

First Aid
- ☐ Emergency medical plan
- ☐ Fire evacuation plan
- ☐ HazWOPER
- ☐ Emergency response plan
- ☐ Training records

Hazard Communication
- ☐ Written program
- ☐ List of chemicals
- ☐ Safety data sheets

Cranes and Hoists
- ☐ Inspection records
- ☐ Operator procedures
- ☐ Lifting attachments
- ☐ Crane operator certification
- ☐ Rigging qualification
- ☐ Signalperson qualification

Powered Industrial Trucks
- ☐ Inspection records
- ☐ Maintenance records
- ☐ Operator training

Powered Platform (Ext. Building Maint.)
- ☐ Written procedures for operation
- ☐ Plan for emergencies

Self-Insured/Group Insured
- ☐ Health and safety loss-prevention program

Health
- ☐ Air contaminants
- ☐ Sampling records
- ☐ Medical surveillance
- ☐ Asbestos
- ☐ Lead
- ☐ Lab/chemical hygiene plan
- ☐ Tuberculosis protocol/screening

Noise
- ☐ Hearing conservation program
- ☐ Audiometric testing
- ☐ Noise monitoring
- ☐ Feasibility study
- ☐ Training records

Respiratory Protection
- ☐ Written program
- ☐ Fit-testing records
- ☐ Medical evaluation record
- ☐ Training records

Bloodborne Pathogens
- ☐ Exposure control plan
- ☐ Hep B vaccine/declination statements
- ☐ Sharps injury log

Confined Space
- ☐ Written plan
- ☐ Entry records
- ☐ Instrument records and statements
- ☐ Training records

Lock Out/Tag Out [LOTO]
- ☐ Energy/control procedures
- ☐ Specific equipment
- ☐ Audits/annual review
- ☐ Training records

Construction
- ☐ Flagger/traffic control training
- ☐ Aerial lifts training
- ☐ Fall protection training
- ☐ Scaffold training
- ☐ Excavations

5/11/17 Hudson S2025-018-17 (1)

Came to site & fd wife @ house.

(she) Went out into orchard to fd husband.

June 30 chemo

5/11/17 Hudson S2025-018-17 (2)

* HWF 1/2 mile from where employee is.
Decon/FS on ATV but only place to go.
Water
towels
No soap (out of) → Went down to to house get C/W 1-1

* EK+ 1-1 Does employee hw water w/ him?

Told him to go get soap.

What is employee doing?

C/W 1-1 Nothing set up @ other ranch, this is w/in 1/2 mile.

* Went down to get soap

* Brings own water OS *
rainy day

EK+ 2-2

5/11/17 Hudson S2025-18-17

Post 5 Forest

No radios → calls to him

Engine He carries a cell phone as a hunt.

Uses long handed chain saw.

✓ Checks on him every 2 hours.

5/11/17 Hudson S2025-018-17

EX Had applicat for last year.

SDS

EX 2-3

* o Sulfur → Microthial X

o Success. → ✓

o

Calling them MSDS

SDS → look old - How often replace them. If different stuff will get an SDS.

Needs to move stuff away from pasting area & unlock door. Not accessible

Has window in door

5/11/17 Hudson S2025-018-17

PESTICIDE INSPECTION CHECKLIST (7/24/13)

PRE-OPENING:

_____ Establish if workers last week, this week, next week

_____ Make sure right NAICS for PEPs
- 111998 (Gen'l farm, field crops, except cash grain)
- 111339 (Deciduous tree fruit)
- 111421 (Nursery & tree production)
- 111422 (Floriculture production)
- 115112 (Crop prep including pesticide spraying)

_____ Ag Exemption Check

Proceed if you can open...

****

EMPLOYER INTERVIEW:

_____ Opening + Supplement

Yes Sprayed last 30 days?

_____ Program list (review now or later):
- OSHA 300 & A for previous year if applicable;
- 801s if applicable;
- HAZCOM;
- MSDSs (check after walk-around);
- Respirator Program + Med Evals + Fit testing if applicable;
- Pesticides last 30 days (name + EPA number)

Not NuCop etc

Sulfur for SW

Not listed

2-3

Gopher & Gopher Wilcox

Gopher & Son

_____ Number of handlers (including herbicide sprayers)?

_____ Number of field workers?

_____ Who handles pesticide equipment problems (If a mechanic—is a handler then)

* Not up to date Nearest clinic Hood River

_____ First Aid/CPR? Emergency setup?

Doesn't w card w/

_____ Certified applicator license with expiration date

Spray house

_____ Commercial applicators? When last time? How handle: 1) Central posting; 2) getting people out of field?

Shears

_____ Spray equipment:
- Backpacks? Who?
- Booms? Air blaster? Who?
- Enclosed cabs (with filter?) or tractor?
- **If enclosed cab, bring PPE?**

Verbal

_____ Spray warning
- Oral? (where and when safe?)
- Signs (before spray and up within 3 days??
- What use for greenhouses? (shd be signs)
- Pesticide list→ Any double notification pesticides (usually DANGER-POISON)?

_____ Fumigants used for gophers/moles? (aluminum phosphide products in cylinders)
- When last?
- PPE, how do, plan, locked?, etc. (get copy of booklet)

*Note: Not under WPS

5/11/17 Hudson S2025-018-17

_____ Fumigants used for crops (methyl bromide, chloropicrin, Telone, dazomet, metam sodium and iodomethane, etc.)
- When last used?
- PPE, how do, plan, locked? Etc. (get copy of booklet)

*Note: WPS does cover preplant soil fumigations.

_____ Early entry workers?
- How determine PPE?
- Decon?
- Training?

_____ Training for handlers
- Video or class or licensed? Who?
- MSDSs?
- Specific: PPE? Hazards? First Aid?
- "Safe Practices"?

_____ Training for field workers
- Video?
- Central posting area? Poster?
- MSDSs?
- Safe Practices?

****

INTERVIEWS →May leave early
- Handler(s)
- Early entry workers(s)
- Field worker(s)
- Mechanic if handles equipment

****

WALK-AROUND

_____ Central Posting:
- Application → Date, product, active ingred
(Note: Should include commercial applicators)
- Pesticide poster
- Emergency info (address/phone no.)

_____ PPE (stored)
- Away from pesticides AND clean clothes?
- Respirators cleaned & in container? Separated from cartridges?
- Gloves--clean? (green nitrile good in most cases)
- Rubber Boots--clean?
- Eye protection: Goggles, faceshield, or safety glasses with side and brow guards?
- Chem resist aprons?
- Coveralls: cloth or tyvek or chem. resistant? Head protection if needed?

_____ Pesticide Storage
- Locked? (RUPs and some pesticides require)
- Lights?
- Strong vapors?
- Spills?
- Sealed shelves AND floors, even concrete?
- Unlabeled containers?
- Chemicals stored in other containers?
- Problem storage? (Containers on top of each other, glassware on top instead of bottom, unstable, tripping hazards, etc.)
- Restricted Use pesticides?
- Skull and cross bones (POISON-DANGER) or highly corrosives (DANGER)

5/11/17 Hudson S2025-018-17 ? (2)

_____ Decontamination

- Mix-site: Eyewash | Page 10
- Mixing Decon right ... S2025- 018-17

(soap, towels, backup clothing, clean water).

- Applicator Decon (water, soap, towels, backup clothing...within quarter mile PLUS eye water immediately accessible).
- Field worker decon (same as field san) + eye water bottles if required by ag use label.

_____ Go back and check MSDS book (what sprayed and others seen in storage)

1/2 mile but has access to ATV
* by letter
Does he closer for pulser

COHEN Lori L * DCBS

From: COHEN Lori L * DCBS
Sent: Wednesday, May 17, 2017 5:41 PM
To: 'khudsone@aol.com'
Subject: Inspection closing

Hi Ken,

I need a little more information from you before we close the inspection:

- Jose said he saw a video regarding pesticide safety. When was that and what was the source?
- For my records, on the day I was there, what were Jose's tasks?
- What is your certification (PAL) number and expiration date?
- Again, what I am waiting for are the OSHA 300 logs for 2015 and 2014 and the OSHA 300As for 2014, 2015, and 2016.

Also, would you be available on Thursday, May 25 for a phone close? If so, what time is best?

Thanks.

Lori Cohen
Industrial Hygienist
Health Compliance Officer
OR-OSHA, Portland Field Office

Durham Plaza
16760 SW Upper Boones Ferry Road, Ste 200
Tigard, OR 97224

PH: 971-673-2894
FX: 971-673-2901
Lori.l.cohen@oregon.gov

5/25/17 Hudson S2025-018-17

(1) Page 11B S2025-018-17

OS S D
L M H

Serious

started

C/W 5

1-1

- Not providing soap with the water at field san/decon site.
  CW: 5/11/17 got some soap
  Serious: biological, pesticide (6)(3)

DECON 170.150
ITA
F.S. 437-004-1110 (6) (a)

LS $300-120(40% size)-30(10%CW) = $150.

Viol	EK
5,19	5,19

Iffy may be less than 10 mth

- ~~Safety meetings not documented~~
  - ~~Names~~
  - ~~Date~~
  - ~~Topics/details~~

2-2

Other than Serious

437-004-1110 (5)(a)

C/W

Put an Infos jug as the toilet

- Employer not providing drinking water for employee
  - Employee carries own
  - Employee has vehicle to get around
  - Cool, rainy day

f.s.

Viol	EK
5,	5,

2-4

- HAZCOM with chem list not found

437-004-9800(4)(a)

Viol	EK
3,	3,15,

2-5

- SDSs there but can't find anything—not accessible...

437-004-9800(6)(B)

locked up
Not easily accessible
out of order
may

Viol	EK
3,	3,15

2-3

- Central Posting not up to date
  - Sprayed Omni oil 170.122(a)

Vio	EK
8,9,22	7,15,22

5/25/17 Hudson S2025-018-17

Page 11C
S2025-018-17

Comments

- WPS changes comg poss. 2018 → date? Don't know
  - Your website

- If decide will hv anyone Non-fam & empl spray
  - CD w/ handler video aval now. WPS fr fa not enough
  - Well send PERC website -- Keep an eye on 5 WPS handler w/ New info

- Mk sure good comm w/ crop advisor as to wht & when you hv sprayed

5/25/17 Hudson S2025-018-17

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Hq letter Med / 1st AD

Have been 1st AID / CPR trained but not up to date

Nearest hosp/Clinic – Hood River
Quite a distance

Strongly recommend some training

May be changes

Since you hv hd it before, not cited.

437-004-1305

5/25/17 Hudson S 2025-018-17

Page HE
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Hg SDSs

- Put into alphab
- highlight names

1st → get up to date!
- easier to follow
- more up to date on info.

5/11/17 Hudson S2025-018-17 (1)

WPS WORKER INTERVIEW

Nombre Jose Rivero Cervantes

Direccion ALH

Numero de telefono 541-806-1435

Rocia usted los pesticidas para tu patron? Roundup? (Do you spray pesticides here?) **If yes, go to handler questionnaire.**

NO Prune etc.

QUESTIONS:

- Hace cuantos anos o meses que trabaja para el dueno? (How many years or months have you worked for the owner?)

30 years

- Has recibido entrenamiento de pesticidas, por ejemplo un video o clase? (Have you received pesticide training by video or class?

~~other place~~ video

Cuando? Este año? (When? This year?)

De este patron o otro patron? (From this boss or another boss? I.e., another farm)

- Has visto este folleto? ("SP") (Have you seen this booklet?)

Yes

5/11/17 Hudson S2025-018-17 (2)

- EARLY ENTRY: El patron te dice entrar el campo [illegible] hay pesticidas? (Does the boss tell you to enter the field when there are pesticides?) No

Jose contd

(If so) Recibes entrenamiento del pesticida antes de que entres el campo? (por ejemplo: los peligros, el equipo de protecion personal?) (Do you receive information about the pesticide before you enter the field, such as the dangers, the PPE?)

- Como sabes hay pesticidas en el campo? (lettrero, avisa, board with info) (How do you know there are pesticides in the field?)

Avisa

- **Te dijó tu patron la información siguiente?** (Does you boss tell you the following info?)

Si Pesticidas estan in las plantas, agua de irrigacion, muchas lugares, etc. (Pesticides are in the plants, irrigation, many places?)

Si Es necesario lavarte los manos antes de comer, beber, fumar, etc. y lavarte el cuerpo despues de trabajo? (It's necessary to wash your hands before eating, drinking, smoking etc. AND washing the body after work?)

Si Es necesario llevar pantelones para protegerte de los pestacidas. (Its necessary to wear long pants to protect yourself from pesticides?)

No Que tu no puedes tomar los envases de pesticidas a casa (That you cannot take pesticide containers home?)

Si Informacion de los peligros de pesticidas? (Info about the dangers of the pesticides?)

Lo entiendes? (Did you understand him?)

5/11/17 Hudson S2025-018-17

(This is all about what the boss tells the person)

Dose cont'd

_____ Como los pesticidas entran el cuerpo? (How does pesticide enter the body?)

Piel,

Puedes decirme? (Can you tell me? Ie how pesticides enter the body)

_____ Los sintomas cuando una persona esta enferma porque de pesticidas (The symptoms when a person is sick because of pesticides)

Mareo

Digame las sintomas....(Tell me the symptoms)

No problem

- _____ Que haria si un pesticida toca los ojos? (What would you do if a pesticide touches the eyes?)

W/ water

La piel (the skin)?

Wash

La boca? (the mouth)

- Donde hay jabon y agua para lavarse? Es cerca de ti cuando estas trabajando? (Where is the soap and water to wash? Is it near you when you are working?)

All over

Application Record Worksheet

Requested last 30d

Dormant Oil

Record Date 03/30/2017

Name and Address of Orchard	Licensed Applicator Name and Address (if different)
Mosier Creek Orchards 1020 Mosier Creek Road Mosier, Oregon 97040	Kenneth Hudson 1020 Mosier Cr Rd Mosier, Or 97040

Justifications	Recommendation #	Telephone #	License #
	Application Record # 013-2453-17-000001	If this application made as a result of a WSDA Permit enter Permit number:	AG-L0090242PAL

GALLONS PER ACRE _____ (166.67) GALLONS PER TANK _____ (500) TANK CLEANED BEFORE/AFTER USE ☐ PPE WORN ☐

*REI=Re-Entry Interval *PHI=Pre-Harvest Interval *First Harvest Date=Date Sprayed + Pre-Harvest Interval + 1 day

Full Product Name	EPA Number	Active Ingredient	Crop	Target	REI	PHI	Rate Per 100 Gal	Rate Per Acre	Rate Per Tank	Total Product Applied
										Total Amount Applied
IAP Dormant Oil	71058-2 Warning	98.0 - Mineral Oil	CHERRIES-SWEET	MITE	4.00Hours	0.00 Days	3.00 ga	5.00 ga	15.00 ga	0.00 ga
Eraser	62719-220-71058	44.9 - chlorpyrifos	CHERRIES-SWEET	MEALY PLUM APHID	4.00Days	0.00 Days	1.20 qt	2.00 qt	6.00 qt	0.00 qt
Mor-Bor 17		Boron 17%	<CROP>		Not Specif	0.00 Days	1.80 unit	3.00 unit	9.00 unit	0.00 unit
~~Champ® WG~~	~~55146-1~~	~~Copper hydroxide 50~~	~~CHERRIES-SWEET~~	BACTERIAL CANKER	~~48.00Hours~~	Days	~~3.00 lb~~	~~5.00 lb~~	~~15.00 lb~~	~~0.00 lb~~
Blu-Min Lignin Zinc 10%		Sulfur 5%, Zinc 10%			Not Specif	0.00 Days	0.60 ga	1.00 ga	3.00 ga	0.00 ga

5/8/17 Mon PM 10:30P 01:30A 43° 39° No SDS

EK 2-3 2-4 2-5

~~Champ~~ 10lb.

UNDERWOOD FRUIT WAREHOUSE CO. | ApRecs Powered By

Dormant Oil | 013-2453-17-000001 | Record Date 03/30/2017

Date	Start Time	End Time	Hours	Applicator	Tractor	Temp1	Temp2	Wind Direction
3-31	7:00 a	10:30 a	3.5	T.H.	5525	45	56	W

# of Tanks	Treated Acres	Spray Rate	License Number	Sprayer	Air	Ground	Chemigation	Wind Speed
2						X		4

☐ 1 - dump/apple	☒ 2 - Peach Orchard	☐ 3 - Up Hill Bings	☐ 4 - Old Lambert	☐ 4B - 7 Row	☒ 4C - Skeena
☒ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa	☐ 8 - House Anns	☐ 9 - Gholston/Jens	☐ 10 - Fisher Point
☐ 11 - N Regina	☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings	☐ L1 - Top South
☐ L2 - Peach RA	☐ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ <NEW FIELD>	☐ House Bings
☐ 9 - Gholston/Jens	☐ 10 - Fisher Point	☐ 11 - N Regina	☐ 1 - dump/apple	☐ 2 - Peach Orchard	☐ 3 - Up Hill Bings
☒ 4 - Old Lambert	☐ 4B - 7 Row	☐ 4C - Skeena	☐ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa
☐ 8 - House Anns	☐ House Bings	☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings
☐ L1 - Top South	☐ L2 - Peach RA	☐ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ <NEW FIELD>
☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings	☐ L1 - Top South	☐ L2 - Peach RA
☐ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ 9 - Gholston/Jens	☐ 10 - Fisher Point	☐ 11 - N Regina
☐ 1 - dump/apple	☐ 2 - Peach Orchard	☐ 3 - Up Hill Bings	☐ 4 - Old Lambert	☐ 4B - 7 Row	☐ 4C - Skeena
☐ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa	☐ 8 - House Anns	☐ House Bings	☐ <NEW FIELD>

Date	Start Time	End Time	Hours	Applicator	Tractor	Temp1	Temp2	Wind Direction
4-1	4:00 a	7:30a	3.5	T.H.	2655	43	46	W

# of Tanks	Treated Acres	Spray Rate	License Number	Sprayer	Air	Ground	Chemigation	Wind Speed
2						X		2

☐ 1 - dump/apple	☐ 2 - Peach Orchard	☒ 3 - Up Hill Bings	☐ 4 - Old Lambert	☐ 4B - 7 Row	☐ 4C - Skeena
☐ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa	☐ 8 - House Anns	☐ 9 - Gholston/Jens	☐ 10 - Fisher Point
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☐ L2 - Peach RA	☒ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ <NEW FIELD>	☐ House Bings
☐ 9 - Gholston/Jens	☐ 10 - Fisher Point	☐ 11 - N Regina	☐ ~~1 - dump/apple~~	☐ ~~2 - Peach Orchard~~	☐ ~~3 - Up Hill Bings~~
☐ ~~4 - Old Lambert~~	☐ ~~4B - 7 Row~~	☐ ~~4C - Skeena~~	☐ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa
☐ 8 - House Anns	☐ House Bings	☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings
☐ L1 - Top South	☐ L2 - Peach RA	☐ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ <NEW FIELD>
☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings	☐ L1 - Top South	☐ L2 - Peach RA
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☐ 1 - dump/apple	☐ 2 - Peach Orchard	☐ 3 - Up Hill Bings	☐ 4 - Old Lambert	☐ 4B - 7 Row	☐ 4C - Skeena
☐	☐	☐	☐	☐	☐

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UNDERWOOD FRUIT & WINE COMPANY | ApRecs Powered By

5 - Gravenstein Regina | 6 - Sweethearts | 7 - Little Ann/Alfalfa | 8 - House Anns | House Bings | <NEW FIELD>

Date	Start Time	End Time	Hours	Applicator	Tractor	Temp1	Temp2	Wind Direction
4-3	7:08	10:00	3	T + K		35	44	—

# of Tanks	Treated Acres	Spray Rate	License Number	Sprayer	Air	Ground	Chemigation	Wind Speed
T-2 K-1						X		Calm

☐ 1 - dump/apple	☑ T 2 - Peach Orchard	☐ 3 - Up Hill Bings	☐ 4 - Old Lambert	☑ K 4B - 7 Row	☐ 4C - Skeena
☐ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa	☐ 8 - House Anns	☐ 9 - Gholston/Jens	☐ 10 - Fisher Point
☑ K 11 - N Regina	☑ K 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☑ T 20 - Helseth Bings	☐ L1 - Top South
☐ L2 - Peach RA	☐ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ <NEW FIELD>	☐ House Bings
☐ 9 - Gholston/Jens	☐ 10 - Fisher Point	☐ 11 - N Regina	~~☐ 1 - dump/apple~~	~~☐ 2 - Peach Orchard~~	~~☐ 3 - Up Hill Bings~~
~~☐ 4 - Old Lambert~~	~~☐ 4B - 7 Row~~	~~☐ 4C - Skeena~~	☐ 5 - Gravenstein Regina	☐ 6 - Sweethearts	☐ 7 - Little Ann/Alfalfa
☐ 8 - House Anns	☐ House Bings	☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings
☐ L1 - Top South	☐ L2 - Peach RA	☐ L3 - Sunset Bings	☐ L4 - Empty	☐ L5 - Top RA Middle	☐ <NEW FIELD>
☐ 12 - Junk Regina	☐ 15 - Peach Lamberts	☐ 18 - Lapins	☐ 20 - Helseth Bings	☐ L1 - Top South	☐ L2 - Peach RA
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43 39
4-3 10:30 - 01:30 K-3 2, 4, 6 T-3 11, 15, 8

4-5 05:00 8:30 K 3 2, 8, 12 T-2 9, 18,

T-1
.5 05:00 - 0800 #6

T-1
.8 05:00 - 0630 #9, 10

20 lbs Copper
30 lbs 20-20-20
24 oz Success

UNDERWOOD FRUIT & WAREHOUSE CO. | ApRecs Powered By

OR-OSHA SMALL AGRICULTURAL EMPLOYER EXEMP
WORKSHEET/FIELD NOTES
(Revised 10/30/14)

Firm Hudson OPT RPT # S2025-018-17

Date 5/11/17

Farm side only

SMALL AGRICULTURAL EMPLOYER? Yes ✓ No_____ Number of Employees 10

(For purposes of determining the number of employees, members of the agricultural employer's immediate family are excluded. This includes grandparents, parents, children, step-children, foster children and any blood relative living as a dependent of the core family.)

Exemption does not apply to Complaints, Accidents, ALH, or Field Sanitation Inspections.

DETERMINATION OF EXEMPTION FROM SCHEDULED INSPECTION

1. Has there been an accident resulting in death, in-patient hospitalization or injury resulting in more than 3 days of lost work within the last two-years preceding the date of the inspection **that was the result of a violation of OR-OSHA rules**?

Yes_____ No X Date of Accident_____

Did OR-OSHA do an Accident Investigation? Yes_____ No_____

2. Have the employer and principal supervisors completed 4 hours of annual instruction on agriculture safety and health?

Yes_____ No X

him & Son (Employer) NO NO CORE SAIF for him

Date of Instruction_____ Duration of Instruction_____

Name of Provider _____

Subject of Instruction _____

Signature of the Provider Yes_____ No_____

Certified Applicator Training Core A & B by Oregon Dept of Ag = 1 hour per year.
Attendance during comprehensive consultation is acceptable as instruction.

3. Has the employer had a comprehensive consultation in the past 4 years?

Yes_____ No ✓ Who provided consultation?_____

Verify through questioning if all problems identified during the consultation were corrected. You cannot ask to see the consultation report.

Corrected: Yes_____ No_____ If No, why do you believe they were not corrected?

_____

OR-OSHA SMALL AGRICULTURAL EMPLOYER EXEMPTION
WORKSHEET/FIELD NOTES
(Revised 10/30/14)

Firm_____ OPT RPT #_____

Date_____

If the employer does not meet all the criteria for exemption, conduct planned inspection activity.

If the employer meets ALL the inspection exemption requirements, YOUR time will go to a partial inspection with an OSHA-1 and INSPECTION NUMBER. Remember to mark "S-11-AG EXEMPT" in field 42 on the OSHA-1.

ADDRESSING OBSERVED HAZARDS WHEN EMPLOYER EXEMPT FROM INSPECTION

If the S/HCO observes an imminent danger situation or a serious hazard with employee exposure they will inform the employer the scope of the inspection is being expanded to address the situation and a citation issued if there is a violation of OR-OSHA rules. The inspection and citation will be limited to the imminent danger or serious hazard situation.

If the S/HCO observes a hazard that would be classified as serious but there is no employee exposure, the hazard will be discussed with the employer and immediate correction will be requested. A hazard letter will be sent to address the issue. The inspection and hazard letter will be limited to the serious hazard observed.

If the S/HCO observes a hazard that would be classified as other than serious the employer should be informed of the hazard and document it in the report. No citation will be issued.

NOTES

No
Soap
05/11/2017 09:21

Page 20
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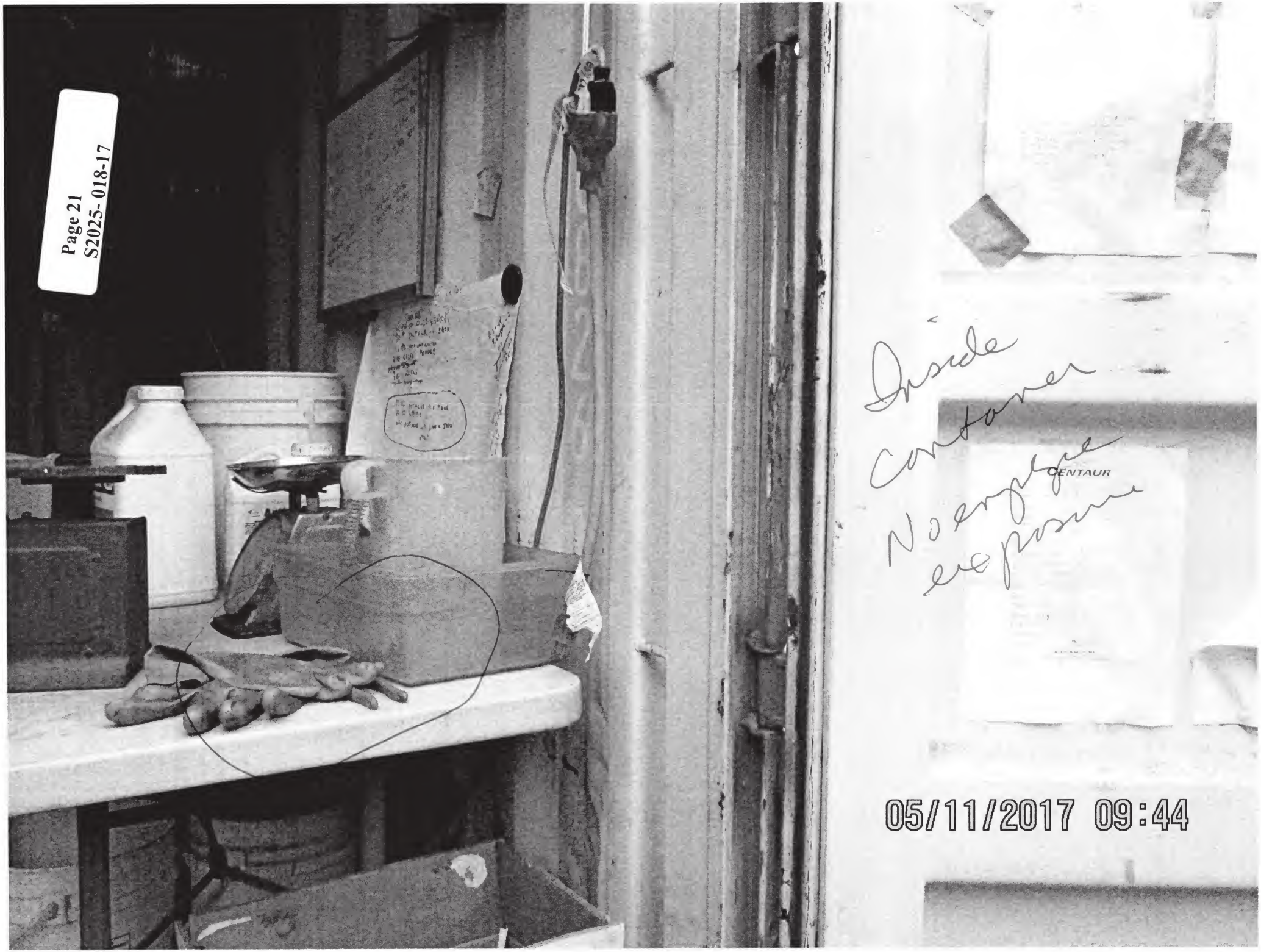
Storage
No employee exposure
05/11/2017 09:43


Page 21
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Inside container
No engine exposure
CENTAUR
05/11/2017 09:44

Pesticide Application Record for Master Creek Orchards

(farm unit, business name, etc.)

Year: 2016 Date: MO/DA Time*	Crop and Target Pest	Blocks Location*	Wind Speed/ Direction/ Temp.	Active Ingredient* Brand or Product Name	EPA Registration Number*	# of Units or Acres	Total Amount of Product (oz., lb., pt., qt., gal. indicator)	Applicator Information	Restricted Re-entry Interval* Duration (HOURS)	Expiration (Mo/Da/Time)
5/18-19 10PM-5AM 11PM-4AM	Cherries	2-4-6-7-8-9-10-12-26 1-2-3-5		Chemical Nufos TE Blu-Min Genesis NuFarm champ WG IAP Dormant Oil	67760-28 55146-1 71058-2	49.8 11.7 " " 16.5 "	2 qts per acre 1 G per acre 3 lbs per acre 5 lbs per acre 5 G per acre 1 G per acre 3 lbs per acre 5 lbs per acre 5 G per acre	G " " " " " " " "	4 DAYS DAY DAY 48 4 DAY DAY 48 4	5/25 9AM " " " " 5/28 9AM " " "
3/26 6AM-9AM		1-6-10-11-12		Rotam Nortam Kiln Quintec Genesis Calcium Microthiol DF Sulfur Montana Microthiol DF Sulfur Pro-Gibb Lambda Genesis Calcium Microthiol DF Sulfur Nariyon Xentaris Success Gem 500 SC Albion Metaloseate Ca Pristine Danitol Cythion ULV Danitol Quintec Danitol Pristine Albion Metaloseate Ca Danitol Pristine Metaloseate Calcium DF Sulfur Danitol Gem Metaloseate Calcium Danitol Gem Metaloseate Calcium Sulfur Danitol Gem Metaloseate Calcium Danitol Pristine	83100-21-53777 62719-379 70506-187 83100-21-53777 70506-187 73049-15 70506-121 70506-187 7969-210 62719-292 264-326 7969-199 59639-35 62719-379 59639-35 7969-199 59639-35 7969-199 70506-187 59639-35 264-326 59639-35 264-326 70506-187 59639-35 264-326 59639-35 7969-199	54.5 3.7 " 19.2 " " 16.7 6.13 25.1 " 16.7 8 66.3 " 3.7 9.5 " " " 3.7 " " 3.8 4.9 "	10 oz PA 2 oz PA 2 pts PA 1.5 lbs PA 10 oz 3 pts per acre 1.5 lbs PA 2 pts PA 1.5 lb PA 1 pt PA 2 pts PA 3 pts PA 1 pt PA 32 oz PA 64 oz PA 16 oz PA 20 oz per A 21 oz PA 20 oz PA 32 oz PA 1 pts PA 20 oz PA 43 oz PA 1 pts PA 3 lbs PA 20 oz PA 3.2 oz PA 1 pts PA 20 oz PA 3.8 oz PA 1 pts PA 5 lbs PA 20 oz PA 3.8 oz PA 1 pts PA 20 oz PA 32 oz PA	" " " " " " " " " " Air G " " " " " " " " "

Archive Reply Reply All Forward Delete Spam More

Inspection closing

COHEN Lori L * DCBS

Hi Ken,

I need a little more information from you before we close the inspection:

Jose said he saw a video regarding pesticide safety. When was that and what was the source?
I THINK HE WATCHED IT LAST YEAR OR THE YEAR BEFORE 2015-2016
PICTURE OF VIDEO INCLUDED

For my records, on the day I was there, what were Jose's tasks?
PRUNING & STACKING BRUSH FROM CHERRY TREES

What is your certification (PAL) number and expiration date?
AG-L0090242 PAL EXPIRES 12/31/2018
KENNETH E. HUDSON

Again, what I am waiting for are the OSHA 300 logs for 2015 and 2014 and the OSHA 300As for 2014, 2015, and 2016.

Also, would you be available on Thursday, May 25 for a phone close? If so, what time is best?

Thanks.

Lori Cohen
Industrial Hygienist
Health Compliance Officer
OR-OSHA, Portland Field Office

Durham Plaza
16760 SW Upper Boones Ferry Road, Ste 200
Tigard, OR 97224

PH: 971-673-2894
FX: 971-673-2901

OREGON DEPARTMENT OF AGRICULTURE

Private Pesticide Applicator
Certification Period: 01/01/2014 thru 12/31/2018
Lic: AG-L0090242PAL Expires: 12/31/2018
Name: KENNETH E HUDSON
Address: 1020 MOSIER CREEK RD
MOSIER OR 97040

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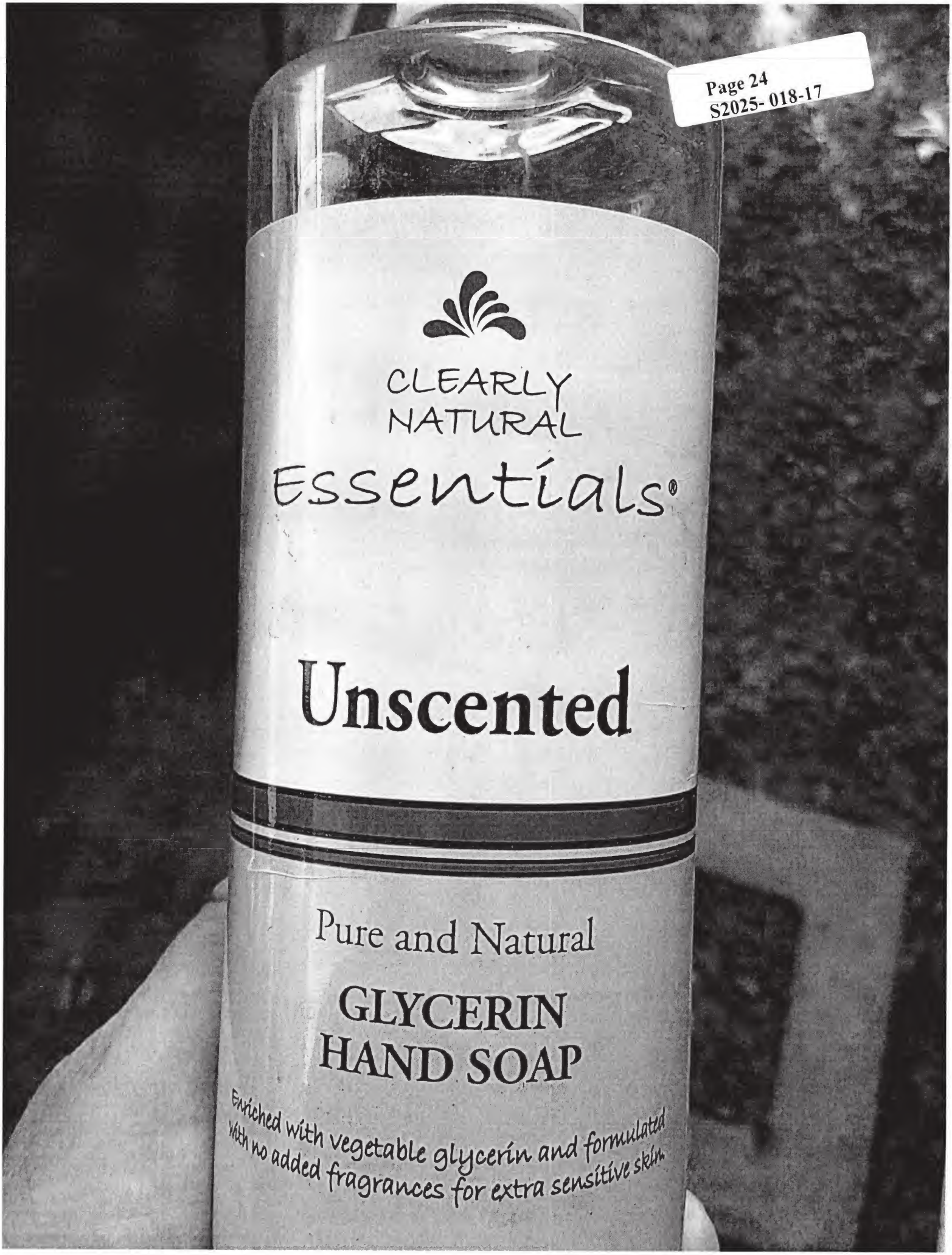

Pesticide Safety
Worker Protection

English and Spanish
Versions Included

Agricultural Workers

VIDEO VKSH
HOOD RIVER SUPPLY
FA $ 1999

Handlers and Early-Entry Workers

College of Agriculture
University of Idaho

OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 14

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

...must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, ...s away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care ...fessional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you ...d to. You must complete an Injury and Illness Incident Report (OCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is ...ordable, call your local OR-OSHA office for help.

Establishment name: Mosier Creek Orchard

City: Mosier State: OR

Identify the person			Describe the case			Classify the case																			
(A) Case no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock-north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:													
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)								
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Be sure to transfer these totals to the Summary (Form 300A) before you post it.

(1) Injury (2) Skin disorder (3) Respiratory condition (4) Poisoning (5) Hearing loss (6) All other illnesses

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)-3353A (12/03/COM)

OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...
(M)

(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Mosier Creek Orchar

Street 1020 Mosier Creek Road

City Mosier State OR 9704

Industry description (e.g., Manufacture of motor truck trailers)
Cherry Orchard

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 58

Total hours worked by all employees last year 14,715

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my k... e e complete.

Joan M. Hudson
Company executive

541-478-3409
Phone

12/31,

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SHA's Form 300
g of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 15

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

ust record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, way from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care sional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you o. You must complete an Injury and Illness Incident Report (DCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is able, call your local OR-OSHA office for help.

Establishment name: Mosier Creek Orchards

City: Mosier State: OR

ntify the person		Describe the case			Classify the case																		
) no.	(B) Employee's name	(C) Job title (e.g., "welder")	(D) Date of injury or of illness	(E) Where the event occurred (e.g., "loading dock-north end")	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., "second-degree burns on right forearm from acetylene torch")	Using these four categories, check only the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:											
						Death (G)	Days away from work (H)	Remained at work: Job transfer or restriction (I)	Remained at work: Other recordable cases (J)	Away from work (K)	On job transfer or restriction (L)	(M) Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)						
			month / day			☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐

SHA's Form 300A (Rev. 01/2004)

ummary of Work-Related Injuries and Illnesses

stablishments covered by Part 1904 must complete this Summary page, even if no injuries or sses occurred during the year. Remember to review the Log to verify that the entries are complete

g the Log, count the individual entries you made for each category. Then write the totals below, ing sure you've added the entries from every page of the log. If you had no cases write "0."

loyees former employees, and their representatives have the right to review the OSHA Form 300 in ntirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, SHA's Recordkeeping rule, for further details on the access provisions for these forms.

nber of Cases

al number of ths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

nber of Days

al number of s away from k	Total number of days of job transfer or restriction
0	0
(K)	(L)

ry and Illness Types

al number of... (M)			
Injury	0	(4) Poisoning	0
Skin Disorder	0	(5) Hearing Loss	0
Respiratory dition	0	(6) All Other Illnesses	0

t this Summary page from February 1 to April 30 of the year following the year covered by the form

reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it s a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department or, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Establishment information

Your establishment name Mosier Creek Orchards

Street 1020 Mosier Creek Road

City Mosier State OR 97040

Industry description (e.g., Manufacture of motor truck trailers)
Cherry orchard

Standard Industrial Classification (SIC), If known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), If known (e.g., 336212)

Employment information

Annual average number of employees 58

Total hours worked by all employees last year 13,290

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my kr complete.

Joan M. Hudson - Ass
Company executive

541-478-3409
Phone

12/

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OSHA's Form 300
Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 16

Department of Consumer & Business Services
Oregon Occupational Safety & Health Division (OR-OSHA)

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health-care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in OAR 437-001-0700. Use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (DCBS form 801) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OR-OSHA office for help.

Establishment name: Mosier Creek Orchards

City: Mosier State: OR

Identify the person			Describe the case			Classify the case												
(A) Case no.	(B) Employee's name	(C) Job title *(e.g., "welder")*	(D) Date of injury or of illness	(E) Where the event occurred *(e.g., "loading dock-north end")*	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill *(e.g., "second-degree burns on right forearm from acetylene torch")*	Using these four categories, check only the most serious result for each case:				Enter the number of days the injured or ill worker was:		Check the "injury" column or choose one type of illness:						
						Death	Days away from work	Remained at work		Away from work	On job transfer or restriction	(M) Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
						(G)	(H)	Job transfer or restriction (I)	Other recordable cases (J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
			month day			☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
			month day			☐	☐	☐	☐	____ days	____ days	☐	☐	☐	☐	☐	☐
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					Page totals ▶	0	0	0	0								

Be sure to transfer these totals to the Summary (Form 300A) before you post it.

Injury	Skin disorder	Respiratory condition	Poisoning	Hearing loss	All other illnesses
(1)	(2)	(3)	(4)	(5)	(6)

440-3353A (12/03/COM)

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OSHA's Form 300A (Rev. 01/2004)
Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of...	(M)		
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Establishment information

Your establishment name Mosier Creek Orchards

Street 1020 Mosier Creek Road

City Mosier State OR 97040

Industry description (e.g., Manufacture of motor truck trailers)
Cherry orchard

Standard Industrial Classification (SIC), if known (e.g., SIC 3715)

OR North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information

Annual average number of employees 91

Total hours worked by all employees last year 13,071

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Joan M. Hudson - Owner
Company executive

541-478-3409
Phone

12/31/1

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave, NW, Washington, DC 20210. Do not send the completed forms to this office.

Oregon Department of Consumers and Business Services
Oregon Occupational Safety and Health Division (OR-OSHA)

Inspection Report
Thu Jun 08, 2017 03:26 PM

Rpt ID	CSHO ID	Supervisor ID	Inspection No.	Opt. Insp. No.
1054191	S2025	Q2473	317716909(91)	S2025-018-17

Establishment Name	Kenneth Hudson & Joan Hudson				
Site Address	1020 Mosier Creek Rd Mosier, OR 97040	Site Phone		Site FAX	
Mailing Address	1020 Mosier Creek Rd Mosier, OR 97040	Mail Phone		Mail FAX	
Controlling Corp				Employer ID	7015852-000
Ownership	A. PRIVATE SECTOR				
Legal Entity	PARTNERSHIP				

Employed in Establishment	2	Advance Notice?		Category	Health
Covered by Inspection	2	Union?		Interviewed?	Yes
Controlled by Employer	2	Walkaround?			
Primary NAICS	111339	NAICS Inspected		111339	

Inspection Type	Programmed Planned
Reason No Inspection	
Scope of Inspection	Partial Inspection
Classification	Health Manufacturing

Anticipatory Warrant Served?		Denial Date	Date ReEntered	Date ReDenial	ReEntered
Anticipatory Supoena Served?					

Entry		First Closing Conference	05/25/2017
Opening Conference	05/11/2017	Second Closing Conf.	
Walkaround		Exit	
Days On Site	2	Case Closed	11/20/2017
		Citations Issued	Yes

Local Emphasis
PESTICIDE - PESTICIDE HANDLING AND APPLICATION

Optional Information		
Type	ID	Description
S	1	02- 2
S	11	AG HEALTH 10 OR LESS
S	12	Ken Hudson
S	4	Spanish-1
S	6	FIXED
S	8	WPS-1

JUN16'17 OR OSHA SCD

6/8/17
6/14/17